

FILED  
03 JUL 15 PM 3:46  
RICHARD W. WIEKING  
U.S. DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

MMC

CV 08 3412

UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF CALIFORNIA

Norvel R. Wright

Plaintiff,

vs.

Secretary of Defense  
Robert Gates  
Department of Defense

Agency

Defendant.

EEOC No. 550-2008-00031X

Agency No.

CASE NO. YM-07-0014

APPLICATION TO PROCEED  
IN FORMA PAUPERIS

I, Norvel R. Wright, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes ☒ No ☐

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: \$2,622.40 Net: \$3,334.40

Employer: Department of Defense  
DCMA-NC

If the answer is "no," state the date of last employment and the amount of the gross and net salary

1 of 5

1 and wages per month which you received.

2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_

5 2. Have you received, within the past twelve (12) months, any money from any of the  
 6 following sources:

7 a. Business, Profession or Yes \_\_\_\_ No X

8 self employment?

9 b. Income from stocks, bonds, Yes \_\_\_\_ No X

10 or royalties?

11 c. Rent payments? Yes \_\_\_\_ No X

12 d. Pensions, annuities, or Yes \_\_\_\_ No X

13 life insurance payments?

14 e. Federal or State welfare payments, Yes \_\_\_\_ No X

15 Social Security or other govern-

16 ment source?

17 If the answer is "yes" to any of the above, describe each source of money and state the amount  
 18 received from each.

19 \_\_\_\_\_  
 20 \_\_\_\_\_

21 3. Are you married? Yes \_\_\_\_ No X

22 Spouse's Full Name: \_\_\_\_\_

23 Spouse's Place of Employment: N/A

24 Spouse's Monthly Salary, Wages or Income:

25 Gross \$ \_\_\_\_\_ Net \$ \_\_\_\_\_

26 4. a. List amount you contribute to your spouse's support: \$ N/A

27 b. List the persons other than your spouse who are dependent upon you for support  
 28 and indicate how much you contribute toward their support. (NOTE: For minor

- 1 children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.)
- 2 S.W. 16 N.W. 10 D.W. 6
- 3 \$1,230.00 C.G. 14 \$300.00 mo
- 4 5. Do you own or are you buying a home? Yes ☐ No ☒
- 5 Estimated Market Value: \$ \_\_\_\_\_ Amount of Mortgage: \$ \_\_\_\_\_
- 6 6. Do you own an automobile? Yes ☒ No ☐
- 7 Make Kia Year 2004 Model Spectra
- 8 Is it financed? Yes ☒ No ☐ If so, Total due: \$ \$2,300.00
- 9 Monthly Payment: \$ 325.00
- 10 7. Do you have a bank account? Yes ☒ No ☐ (Do not include account numbers.)
- 11 Name(s) and address(es) of bank: Savings account
- 12 Meriwest Credit Union 1 North 1st St San Jose CA
- 13 Present balance(s): \$ 200.00
- 14 Do you own any cash? Yes ☐ No ☒ Amount: \$ \_\_\_\_\_
- 15 Do you have any other assets? (If "yes," provide a description of each asset and its estimated
- 16 market value.) Yes ☐ No ☒
- 17 Government TSP retirement (see attachment)
- 18 8. What are your monthly expenses?
- 19 Rent: \$ 1,500.00 Utilities: 300.00
- 20 Food: \$ 1,151.00 Clothing: \_\_\_\_\_
- 21 Charge Accounts:
- | 22 Name of Account | Monthly Payment | Total Owed on This Account |
|--------------------|-----------------|----------------------------|
| 23 <u>N/A</u>      | \$ _____        | \$ _____                   |
| 24 _____           | \$ _____        | \$ _____                   |
| 25 _____           | \$ _____        | \$ _____                   |
- 26 9. Do you have any other debts? (List current obligations, indicating amounts and to whom
- 27 they are payable. Do not include account numbers.)
- 28 (see attachment)

Norvel R. Wright  
185 Mt. Hamilton dr.  
Tracy, Ca. 95376  
July 9, 2008

Monthly Expenses:

- 1) Rent \$1,500.00
- 2) Utilities (PG&E, Water, Phone) \$175.00 *minimum*
- 3) Car Payment \$315.00
- 4) Operating Cost ~~\$400.00~~ (kids every weekend Tracy to San Jose two trips)
- 5) Health Insurance \$433.00
- 6) Court Order Child Support \$1,500.00
- 7) Taxes \$1,578.00
- 8) Food, Clothing, Misc. \$1,375.00
- 9) Out of Pocket Health Care Cost \$325.00 ( NW jar. has ADHD, and DW has Spinal Bivia, many medical apt)

*Norvel R. Wright*  
Norvel R. Wright

1 \_\_\_\_\_  
2 10. Does the complaint which you are seeking to file raise claims that have been presented in  
3 other lawsuits? Yes \_\_\_\_\_ No ☒ ~~No not known~~ KW  
4 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in  
5 which they were filed.  
6 \_\_\_\_\_  
7 \_\_\_\_\_

8 I declare under the penalty of perjury that the foregoing is true and correct and understand that a  
9 false statement herein may result in the dismissal of my claims.  
10

11 7/9/08  
12 DATE

Kenneth R. Wright  
13 SIGNATURE OF APPLICANT  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28